PAIE	eduction Act of 1995, no per IT APPLICATION F Substitions	EE DETERMINA' for Form PTO-676	TION RECO	RD	Urioso II o	deplays a valid O	MB control num will be control num	
APPLICATION AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY			W/705	9705643.	
FOR. IASIO FEE	NUMBER FILED .	NUMBER EXTRA				SMA	LL ENTITY	
7.0FR 1.18(a), (b), or (d)) EAROH FEE			RATE	(I) FEE	(8)	RATE (1)	FEE (8)	
YOFR 1.(GIK), (I), or (m))					-			
7 OFR 1.16(0), (p), or (q)) OTAL OLAIMS								
OFR 1.16(1)) DEPENDENT CLAIMS	minus 20 =	•	1 × 25	7		-		
7 OFR 1.16(h))	= 8 ennim	* 1. 1	× 700		OR.			
PLICATION SIZE	If the specification and sheets of paper, the ap		X/VV	-		x200.		
E / CFR 1.16(s))	is \$250 (\$125 for small	entify) for each	11	· ·				
	35 U.S.C. 41(a)(1)(G) a	maction thereof, See		1.		1	1.	
LTIPLE DEPENDENT C	LAIM PRESENT (37 CFR 1.	ed)	180		-	-		
	1 is less than zero, enter '0'		4		- '.	860		
	10N AS AMENDED -		TOTAL	l		TOTAL		
		PART II		: .				
	AIAAO	olumn 2) (Column 3)	SMAL	LENTITY	OR	OTHER	R THAN	
CONT REI	MAINING NU	HEST MBER PRESENT	RATE (\$)	ADDI:	7	SMALL	ENTITY	
Total AME	Libra deris see	OUSLY EXTRA		TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL	
Independent (IT CFR 1.16(1))	1	13 8	x 25 =		1.1	× 50=	FEE (t)	
	/ / .	0 -5	x lov.		OR		441	
Application Size Fee (37 CFR 1.16(s))				1	OR	x 200	\$4 1000	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))			180		OR	360		
	1		TOTAL ADD'L FEE		7 " "	TOTAL		
		umn 2) (Column 3)			J OR	ADD'L FEE		
REMA	AIMS HIGH	BER PRESENT	RATE (\$)	4554	7. r	· · · · · · · · · · · · · · · · · · ·		
	DMENT. PAID	DUSLY EXTRA	100(12(3)	- ADDI- TIONAL		RATE (\$)	ADDI- TIONAL	
(ST CFR 1.16(II)	Minus **	=	× =	FEE (\$)	-		FEE (\$)	
131 CLEU 1'16(M)	Minus ***	=		-	OR 2	× =		
Application Size Fee (37		· · · · · · · · · · · · · · · · · · ·	X =		OR 2	<u> </u>		
TREST PRESENTATION OF	MULTIPLE DEPENDENT OLAIM	(37 OFR 1.16(f))			-			
.∵.			TOTAL ADD'L FEE		OR:			
•	less than the entry in column		ADD'I FEE		OR T	OTAL DD'L FEE	1	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 OFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the frictiding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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